

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/173,109	10/15/98	380	2766	

APPLICANT

WITOLD A. ZIARNO, CHICAGO, IL.

See. 09/239254

CONTINUING DOMESTIC DATA***

VERIFIED *OK JZ* THIS APPLN IS A DIV OF 08/402,622 03/13/95 320/9
AND A CIP OF 08/371,109 01/11/95 PAT 5,550,561

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED *NONE JZ*

FOREIGN FILING LICENSE GRANTED 11/04/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials <i>JZ</i> Initials _____	IL	7	16	3

ADDRESS	WITOLD A ZIARNO 4519 S ST LOUIS CHICAGO IL 60632
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TITLE	INTERNET LINKED COMPUTER PERIPHERAL, METHOD OF USING THE INTERNET LINKED COMPUTER PERIPHERAL, AND SYSTEM RELATED THERETO
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FILING FEE RECEIVED	FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$460		



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1294

SERIAL NUMBER 09/173,109	FILING DATE 10/15/1998 RULE	CLASS 705	GROUP ART UNIT 3622	ATTORNEY DOCKET NO.
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APPLICANTS

WITOLD A. ZIARNO, CHICAGO, IL;

** CONTINUING DATA *****

This application is a DIV of 08/402,622 03/13/1995
and is a CIP of 08/371,109 01/11/1995 PAT 5,550,561

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/04/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Pierun Corporation
Witold A. Ziarno
6301 Offshore Drive #319
Madison, WI
53705

TITLE

INTERNET LINKED COMPUTER PERIPHERAL, METHOD OF USING THE INTERNET LINKED COMPUTER PERIPHERAL, AND SYSTEM RELATED THERETO

FILING FEE RECEIVED 460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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